

# GANMAIN PIED PIPER PRESCHOOL HANDBOOK



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## Introduction and Welcome

The Committee and Staff would like to welcome you and your child to Pied Piper Preschool Inc. We hope your time with our association will be both enjoyable and rewarding.

Preschool is about providing your child with various opportunities for PLAY-BASED LEARNING, with emphasis on communication and language (including early literacy and numeracy) as well as social and emotional development. It is through play that children discover and learn about themselves, their environment and the world they live in. PLAY-BASED LEARNING fosters a life-long enthusiasm for learning.

Experiences at preschool will include those that;

- ***Develop A Strong Sense of Identity*** – develop relationships with adults and children in a new context, assist them to feel safe, secure and supported, interact with others with care, empathy and respect, develop knowledgeable and confident self-identities, develop their emerging autonomy, inter-dependence, resilience and sense of agency.
- ***Assist Children to Become Connected with and Contribute to their World*** – broaden their understanding of the world in which they live, contribute to fair decision-making about matters that affect them, respond to diversity with respect, think critically about fair and unfair behaviour, recognize bias, social responsibility and respect for the environment.
- ***Develop a Strong Sense of Wellbeing*** – contribute to shared projects and experiences, seek out and accept new challenges, work collaboratively with others, make discoveries, increase capacity to understand, self-regulate and manage their emotions, take increasing responsibility for their health and physical wellbeing.

- **Contribute to the Development of Children as Confident and Involved Learners** – opportunities for creativity, enthusiasm, persistence and imagination, problem-solving, enquiry, experimenting, hypothesizing, researching, and investigating, resource their own learning through, people, place and technologies.
- **Contribute to the Development of Children as Effective Communicators** – use verbal and non-verbal communication for a range of purposes, engage and gain meaning from a range of texts, explore symbols and pattern systems, use information and communication technologies.

Pied Piper Preschool Inc is a community-based preschool, organized and operated by families for families, under the guidance of the Education and Care Services National Regulations and Community Connection Solutions Australia. We are partially funded through the Department of Education.

### Important Links:

Education and Care Services National Regulations

<https://www.legislation.nsw.gov.au/#/view/regulation/2011/653>

Children (Education and Care Services National Law Application) Act 2010  
No 104

<https://www.legislation.nsw.gov.au/#/view/act/2010/104>

## Our Preschool Philosophy

### We Believe That

- The family is the most important and powerful influence on children's learning and behaviour and know their child best.
- By providing a warm and inviting atmosphere within a caring, secure and stimulating environment, the individual strengths and interests of each child, family and staff member are valued and encouraged.
- We have a responsibility to our children and families to establish and maintain a sense of belonging to the local, national and international community.
- Children flourish and develop as strong, confident and successful individuals when provided with rich play opportunities, encouraged to think, act and create
- An environment of acceptance and kindness promotes the children's and staff's personal development and over-all wellbeing.
- Play should be fun, hands on, child-centred, spontaneous, stimulating and challenging, providing opportunities for children to experiment, discover, explore, investigate, practice skills, take risks, solve problems, make choices and decisions and express ideas with the support of peers and staff.
- A sense of wonder and love of the natural environment and living things is important (critical) for children to develop lifelong respectful, positive and proactive attitudes towards protecting our environment, caring for living creatures and creating a sustainable environment.

### We Recognise

- Aboriginal and Torres Strait Islander culture enrich our learning experiences and we honour their cultural and spiritual connection to this land
- The importance of respecting and honouring diversity, in all its forms and celebrating differences in others as well as acknowledging, accepting and reflecting each person and their family's values, culture, beliefs abilities and language in all aspects of the learning environment.
- Our educators as individuals and respect the knowledge, skills training and experience they bring to their role

- The importance of providing opportunities for further professional development
- Our staff play an important role in supporting families and sharing the child's learning and development.

#### We Provide

- Children with opportunities to discover and learn about themselves, their peers and the environment in an atmosphere that encourages harmonious and meaningful relationships.
- Opportunities for each family to participate in the service community, welcoming and supporting their interests and involvement
- Approaches that reflect and celebrate cultural competency, acceptance, respect and compassion for all people.

December, 2019

### Staff:

#### **Nominated Supervisor/Educator: Miss Jamie Lee Angove**

Qualifications – Bachelor of Education Early Childhood and Primary Teaching  
(Birth-5 years) & (K-6)

Provide Cardiopulmonary Resuscitation

Provide Basic Emergency Life Support

Provide First Aid

Provide an Emergency First Aid Response in an Education and Care Setting

Identify and Respond to Children and Young People at Risk

**Accredited by the National Education Standard Authorities**

#### **Educator/Assistant: Ms. Ronda Judd**

Qualifications – Diploma in Early Childhood, Griffith TAFE

Provide Cardiopulmonary Resuscitation

Provide Basic Emergency Life Support

Provide First Aid

Management of Asthma and Anaphylaxis Risks and Emergencies in the Workplace

Identify and Respond to Children and Young People at Risk

**Educator/Assistant: Mrs. Kylee Turner**

Qualifications – Certificate 111 in Children’s Services, ACCCO

Provide Cardiopulmonary Resuscitation

Provide Basic Emergency Life Support

Provide First Aid

Provide an Emergency First Aid Response in an Education and Care Setting

Identify and Respond to Children and Young People at Risk

**Office Administration: Mrs. Lycinda Harris**

Qualifications – Certificate III in Business

**Contact Details:**

**Phone:** 0492 912 625

**Address:** 42 Langham Street, Ganmain, 2702

**Email:** [ganmainpreschool@yahoo.com.au](mailto:ganmainpreschool@yahoo.com.au)

**Director:** Jamie Lee Angove

**ABN:** 28 137 496 829

**Contact Hours:** Ganmain Pied Piper Preschool Inc. operates for three days per week for the school calendar year: **Tuesday, Wednesday & Thursday** from 9am to 4.30pm

# GANMAIN PIED PIPER PRESCHOOL INC

## ENROLMENT AND ORIENTATION POLICY

### Policy Statement:

Our service will implement a process to ensure enrolment and orientation processes are planned and implemented to meet the needs of the child and family as well as ensuring all legislative requirements, including the Australian Government Priority of Access Guidelines are adhered to. We will ensure:

- Children are provided with support and comfort to settle into the service and establish new friendships and relationships;
- A thoughtful process is planned in consultation with families, to assist in separating from their child;
- Educators are provided with a clearly explained enrolment process; time to get to know families before children start; strategies to support families in introducing children to our service, time to develop close professional relationships with families; support from referral agencies; and information about custodial issues;
- Home language, cultural background and family priorities are considered at all times during the process.

### Goals / What are we going to do?

Enrolment and orientation procedures form the foundation for strong relationships between families and early education and care settings and promote a quality experience of education and care for children.

Good procedures include consistent information around service operation and authorisations, promoting compliance and a safe and secure environment for children and families.

### Strategies / How will it be done?

Enrolment:

Enrolments will be accepted according to the Australian Government 'Priority of Access'.

Enrolment Form:

The enrolment form must be completed by each enrolling family. Where enrolling families are not fluent in English the enrolment meeting will, wherever possible be conducted in the family's primary language. At enrolment, parents are encouraged to provide any further information about their child that will support continuity of care between home and the service.

The enrolment record will include the following information for each child:

- Full name, date of birth and address of the child.
- Name, address and contact details of each parent of the child; any emergency contacts; any person nominated by the parent to collect the child from the service; any person authorised to consent to medical treatment or to authorise administration of medication to



the child; any person authorised to give approval for an educator to take the child out of the service.

- Details of court orders, parenting orders or plans.
- Details of court orders relating to the child's residence or contact with a parent or other person. ◁ Gender of the child.
- Language used in the child's home.
- Cultural background of the child and child's parents.
- Any special considerations for the child (e.g., cultural, religious or dietary requirements or additional need).
  
- Authorisations for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service.
- Authorisation for the service to take the child on regular outings.
- Authorisation for the children to be relocated in the event of an emergency evacuation.
- Name, address and telephone number of the child's registered medical practitioner or medical service.
  
- Child's Medicare number (if available).
- Details of any specific healthcare needs of the child including any medical condition.
- Details of any allergies or anaphylaxis diagnosis.
- Any medical management plan, anaphylaxis/asthma/diabetic management or risk minimisation plan.
- Details of dietary restrictions for the child.
- Immunisation status of the child - a vaccination certificate
- All information will be checked before enrolment is complete including a copy of the Immunisation Certificate, ensuring all enrolled children are fully immunised. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

A Privacy Statement attached to the enrolment form which details:

- the name and contact details of the service;
- the fact that enrolling parents/guardians are able to gain access to their information;
- why the information is collected;
- the organisations to which the information may be disclosed;
- any law that requires the particular information to be collected;
- the main consequences for not providing the required information.

Enrolment forms will be updated when a family's circumstances change, to ensure information is current and correct.

Custody Arrangements:

The Education and Care Services National Law requires our service to have details of all custodial and access arrangements.

- Enrolling family members are responsible for informing the Director of custody and access arrangements on enrolment, and must advise the Director immediately of any subsequent alterations to these arrangements.
- All relevant legal documentation is to be shown to the Director and a copy will be maintained in the child’s enrolment record.

**Orientation:**

The orientation and settling in period will consider and respect the needs of both families and children. Parents/guardians will be encouraged to remain with their child when delivering or collecting them for as long a period as the parent/guardian and/or educators feel may be necessary to ensure the child’s wellbeing.

We will always consider the feelings and time constraints that families may have in regard to participating in orientation processes and aim to make the experience a positive and welcoming introduction to the service.

Our service will provide options for orientation to the education and care service for families which includes:

- ◁ Inviting new families to visit the service with their child at times that suit them, to familiarise families with the service prior to the child’s attendance.
- ◁ Providing all new families with a conducted tour of the premises which will include introductions to other educators, children and families, and that highlights specific policies and procedures that families need to know about our service.
- ◁ Ensuring each family has a copy of the Family Handbook and an opportunity to have any questions answered.
- ◁ Supporting family members, the opportunity to stay with their child during the settling in process.
- ◁ Ensuring all new families are encouraged to share information about their child and any concerns, doubts or anxieties they may have in regard to enrolling their child at the service.

**Roles and Responsibilities**

Role	Authority/Responsibility For
Approved Provider	<ul style="list-style-type: none"> <li>• Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011 with regard to the delivery and collection of children at all times.</li> <li>• Providing opportunities (in consultation with the Nominated Supervisor and staff) for interested families to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program.</li> <li>• Ensuring that enrolment forms (refer to Definitions) comply with the requirements of Regulations 160, 161, 162.</li> <li>• Ensuring that enrolment records (refer to Definitions) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183)</li> <li>• Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being</li> </ul>

	<p>educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or staff under the Law (Regulation 157).</p>
Nominated Supervisor	<ul style="list-style-type: none"> <li>• Providing enrolment application forms.</li> <li>• Maintaining a waiting list</li> <li>• Maintain an immunisation register.</li> <li>• Collecting, receipting and banking enrolment fees.</li> <li>• Offering places in line with this policy and criteria for priority access, and providing relevant paperwork to families in accordance with this policy.</li> <li>• Providing a monthly report to the approved provider regarding the status of enrolments.</li> <li>• Storing completed enrolment application forms in a lockable file (refer to privacy and confidentiality policy) as soon as is practicable.</li> </ul>
Early Childhood Educators	<ul style="list-style-type: none"> <li>• Acting in accordance with the obligations outlined in this policy.</li> <li>• Responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process, as required.</li> <li>• Ensuring that enrolment forms are completed prior to the child’s commencement at the service.</li> <li>• Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or staff under the Law (Regulation 157).</li> <li>• Developing strategies to assist new families to: » feel welcomed into the service; » become familiar with service policies and procedures; » to develop and maintain a routine for saying goodbye to their child.</li> <li>• Providing comfort and reassurance to children who are showing signs of distress when separating from family members.</li> <li>• Sharing information with parents/guardians regarding their child’s progress with regard to settling in to the service.</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Reading and complying with this policy.</li> </ul>

**Monitoring, Evaluation and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family’s ability to utilise the service; the fees charged or the way in which fees are collected

RELATED GUIDELINES, STANDARDS, FRAMEWORKS

- National Quality Standard, Quality Area 5: Relationships with Children - Standard 5.1, 5.2
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities - Standard 6.1
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1

## SOURCES

- Public Health Act 2010 No 127 [www.legislation.nsw.gov.au/#/view/act/2010/127/full](http://www.legislation.nsw.gov.au/#/view/act/2010/127/full)
- Community Early Learning Australia

## Immunisation

Immunisation programs in NSW have been extremely effective in reducing the risk of vaccine preventable diseases. All children are able to access free vaccines under the National Immunisation Program. In an effort to improve childhood immunization rates, the NSW Parliament passed the Public Health Amendment (Review) Bill 2017 to strengthen immunization enrolment requirements in early childhood services.

It is a legal requirement for Early Childhood Education and Care Services to;

- Only enrol children who are fully immunized and has provided an approved immunization form as evidence (or has a medical reason to not be immunized and can provide approved evidence of this or is on a recognized catch-up schedule and can provide approved evidence of this),
- Maintain an immunization register that records the up-to-date immunisation status of all enrolled children after each of their immunization milestones,
- Retain immunisation records for 3 years from the date on which each enrolled child ceases to attend the service and providing a copy of the child's immunization documentation to another service in the event that the child transfers to that service (upon request) and
- Notify the local public health unit if an enrolled child has a vaccine preventable disease.

The current NSW Immunisation Schedule, of all funded vaccines and the ages they are recommended to be given, can be found at:

<https://www.health.nsw.gov.au/immunisation/publications/nsw-immunisation-schedule.pdf>

## Days and Times of Operation

Ganmain Pied Piper Preschool Inc. operates for three days per week for the school calendar year:

- Tuesday 9am to 4.30pm
- Wednesday 9am to 4.30pm
- Thursday 9am to 4.30pm

*The doors are opened from **8.50am** on preschool days.*

## What to Wear

Children should wear play clothes that are comfortable and that children are able to manage themselves (though assistance will be given as required). It is important that children and parents are aware that clothes may get dirty and that it is considered acceptable at Preschool. Footwear should enable children to run and climb safely.

**All items of clothing, right down to shoes and socks should be labelled with the child's name or initials.**

It is advisable to send along **coats and warm hats during the winter months** as children will still participate in outdoor activities. The Preschool also has a Sun Protection Policy which requires children to wear **sun hats and sunscreen during outdoor play in Terms 1 & 4.**

Preschool Polo shirts and Jumpers are available for purchase from the Preschool for \$27 (polo shirt) and \$40 (Jumper) ---includes GST. See Jamie, Ronda, Kylee or Lycinda if interested. (*Prices may vary if new stock is sought during the school year.*)

On payment of the enrolment deposit each child will receive a preschool bucket hat and a Preschool Jumper (or Polo Shirt) at no added cost.

## What to Bring

It is the centre's responsibility to help children and parents develop good food attitudes and habits. The centre has full day programs and the children are required to bring their lunch from home, along with snacks and drinks. Ganmain Pied Piper Preschool will communicate with parents/guardians at the initial enrolment interview about their child's food requirements. It is the parents' responsibility to report any unique needs regarding their child's dietary requirements at that meeting. It is the Director's responsibility to be flexible and provide support for such children as is reasonable, at the same time clearly explaining the centre's policy regarding the kinds of nutritional foods and drink that should be sent with the children for snacks and meals. It is expected that 'unique needs' here also refers to influences such as health, cultural differences etc.

*Tuesdays, Wednesdays & Thursdays:*

- 3 healthy snacks **prepared, ready to eat**, labelled with your child's name. These snacks will provide the child with morning and afternoon tea as well as an extra snack if they become hungry throughout the day. Each of these snacks should be a fruit and/or vegetable, boiled egg etc. Examples include fresh or dried fruit, precooked corn cob, raw carrot/celery/capsicum. This snack needs to be **labelled with your child's name**.
- A plastic drink bottle of water. \*
- Lunch, consisting of something along the lines of a sandwich and something to follow like a piece of fruit or yoghurt (even if children do not eat much at home it is advisable to send more than just the sandwich) \*\*
- A spare set of clothes, including underwear and socks, **clearly labelled**.

All in a school-type bag that is **large** enough to fit all of the above as well as have room for paintings, gluing, notes etc.

*\*Carbonated (fizzy) drinks, lollies and chewing gum are not permitted at preschool.*

## Arrival and Departure Routines

It is most appropriate to use the preschool entrance closest to the intersection. Upon arrival at preschool please assist your child with the unpacking of his/her bag\*, sign them 'IN' (**writing your full name**), recording the time as well as initialling it), and see them inside into the play area, making certain that staff is aware of your child's arrival. The 'COMMENTS' section of the Sign In/Out sheet is for any minor comments or instructions you may have for staff, e.g., will be collecting my child at 2pm. \*\*

When collecting your child please enter into the play area. If an activity is still in progress you may choose to remain and watch or collect your child and leave. It is important to sign your child 'OUT' (**writing your full name**), recording the time as well as initialling it). Please ensure staff is aware that you have collected your child. Your child's water bottle will need collecting from the basket and your child's bag should be ready to go, in their locker. **Please check that no items remain in the locker.**

Children are expected to arrive and depart preschool in the company of a responsible person. If the responsible person is an older sibling, under the age of 16, a note should be sent to the preschool stating permission for the older sibling to sign the preschool child In and Out (one note is sufficient for the entire period of enrolment).

Children travelling by bus also require a signed permission note (provided in the enrolment pack) from a parent giving permission for a staff member to sign the child In and Out (one note is sufficient for the entire period of enrolment).

From time to time the arrival and departure routine may vary depending on advice received from the Department of Education and/or the Department of Health re the current COVID – 19 situations of the time.

*\*While it is initially necessary for the person accompanying the child to assist with unpacking the bag, it is desirable for the child to become independent and therefore responsible for the unpacking him or herself.*

***\*\*The Sign In/Out sheet is a legal requirement and is to be kept at the preschool as a matter of record; therefore, it is crucial that every effort is made to complete it correctly each and every preschool day.***

## **Meetings**

Meetings are held by the Preschool Committee each term. Parents are encouraged to attend. Input can also be given by contacting a committee member, the Nominated Supervisor or making use of the Suggestion Box (in the foyer of the preschool) with any ideas or concerns.

The Annual General Meeting is held in February. At this meeting Committee Members are elected to positions which are retained for either 12 or 24 months.

*More information on meetings can be found in the Constitution, kept in the Policy and Procedure Folder at the preschool.*



# GANMAIN PIED PIPER PRESCHOOL INC

## FEES POLICY

### **Policy Statement:**

Our service has a commitment to ensuring our fees are as affordable as possible and that all families have access to any subsidies that are available to reduce these fees. The setting and payment of fees takes into account all requirements of the Education and Care Services National Regulations, Australian Tax Office, Privacy Act and the guidelines contained within the Australian Government Child Care Service Handbook. All records held at the service will be maintained in accordance with the service Confidentiality and Privacy Policy. Families will be provided with accurate fees statements and clear information regarding fee payment processes.

### **Goals / What are we going to do?**

To enable our service to provide high quality early education and care for children we need to ensure we are financially viable at all times. Our service's financial health and access to our service will be maximised by ensuring families are aware of all fees and fee payment requirements upon enrolment.

### **Strategies / How will it be done?**

#### Fee Payable/Accounts:

- The Approved Provider will determine the required fee level to meet budget prediction for the year.
- The fee schedule and fees payment policy will be fully explained to families during the enrolment process.
- Fees payable will be based on either daily or weekly amounts.
- Families will be given a minimum of 14 days' notice of any fee increase.
- Fees will be charged based on a tiered system – General fee, Health Care Holder fee and Aboriginal/ Torres Strait Islander Fee, as well as whether your child attends 1 or 2 days in the week.
- A statement of fees will be sent to parents/guardians each term.
- A dated receipt, in accordance with Australian Government Guidelines, will be provided for each payment.
- Families are required to pay fees on public holidays if the holiday falls on their regular booked day.
- Fee payment will be recorded according to Australian Government Guidelines.
- Families should contact the service to advise of their child's inability to attend as soon as this is known. Fees will still be required on days the child would normally attend.

### **Child Care Subsidy System - CCS:**

- Our service is an independent Preschool and, therefore, our clients are **ineligible** to qualify for CCS

### **Payment of Fees:**

- Fees are payable from the commencement date of each year.
- Fees may be paid by direct deposit (internet banking) or cash at the service.

**Overdue Fees:**

- Parents/guardians with overdue fees will be encouraged by the Director to discuss any difficulties they may have in meeting payments and make suitable arrangements to pay, including the option of a payment plan. If this is not done, or the agreed arrangements are not kept, the matter may be referred to a debt collector and/or cancellation of the child’s booking may occur.
- Any additional expenses incurred in the endeavour to recoup overdue fees will be the responsibility of the client/ex-client.

**Late Collection Charge:**

- Our service reserves the right to implement a late collection charge when parents/guardians have not collected their child/ren from the service before closing time. This charge will be set at a level determined by the Committee of Management and based on the service’s need to recoup expenses incurred in employee overtime wages.

**Roles and Responsibilities**

Role	Authority/Responsibility For
Approved Provider	<ul style="list-style-type: none"> <li>• Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011.</li> <li>• Reviewing the current budget to determine fee income requirements.</li> <li>• Developing a fee policy that balances the parent’s/guardian’s capacity to pay, with providing a high-quality program and maintaining service viability.</li> <li>• Considering any issues regarding fees that may be a barrier to families enrolling at the service and removing those barriers wherever possible.</li> <li>• Providing parents/guardians with a regular statement of fees and charges.</li> <li>• Ensuring that the Fees Policy is readily accessible at the service.</li> <li>• Notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected.</li> <li>• Ensuring a notice outlining the fees charged by the service is displayed prominently in the main entrance to the service.</li> </ul>
Nominated Supervisor	<ul style="list-style-type: none"> <li>• Provide parents/guardians with a regular statement of fees and charges.</li> </ul>

	<ul style="list-style-type: none"> <li>• Collecting all relevant information and maintaining relevant documents regarding those with entitlement to concessions, where applicable.</li> <li>• Notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected</li> <li>• Ensuring a notice outlining the fees charged by the service is displayed prominently in the main entrance to the service.</li> </ul>
Early Childhood Educators	<ul style="list-style-type: none"> <li>• Referring parents'/guardians' questions in relation to this policy to the Approved Provider or Nominated Supervisors.</li> </ul>
Families	<ul style="list-style-type: none"> <li>• Reading this policy and referring any questions, queries or concerns to the nominated supervisor.</li> <li>• Record the arrival and departure times of their child or children attending care.</li> <li>• Pay for any booked day of education and care which falls on a public holiday or when the child is absent.</li> <li>• Ensure all fees are paid by the due date.</li> <li>• Provide 2 weeks' notice of withdrawal from service. If child does not attend during this 2 week notice period full fees will be chargeable.</li> <li>• Notifying the Approved Provider if experiencing difficulties with the payment of fees.</li> </ul>

**Monitoring, Evaluation and Review:**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

**RELATED GUIDELINES, STANDARDS, FRAMEWORKS**

- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1

**SOURCES**

- Australian Children's Education and Care Quality Authority (ACECQA) – [www.acecqa.gov.au](http://www.acecqa.gov.au)

- CCS Information – [www.humanserv](http://www.humanserv)
- Community Early Learning Australia

## Fees and Levies

Families with children who are at least 3 years old on or before 31 July 2023, and who are accessing a preschool program in a community preschool setting may save up to \$4,220 in 2023. This fee relief is provided through the NSW Government's Start Strong Affordable Preschool initiative.

If selecting not to take part in the Start Strong Initiative, these are the current fee levels for 2023.

<b>Combined Gross Income</b>	<b>Fee: 2 days/week</b>
ATSI Families	\$19.80
Healthcare Card Holders	\$22.00
General	\$44.00

\*A reduced rate of 25% less is available for the 2<sup>nd</sup> child and any subsequent children.

An **enrolment deposit** of \$50 is to be paid before your child commences preschool. In return your child will receive a preschool bucket hat and a preschool jumper.

The **administration Levy** is \$35 per term. Membership to the organization is charged to Term 1 accounts as an Administration Fee, being \$5, for the year. The Sunscreen Levy of \$2.20 is charged to term 4 accounts.

**Late fee:** Children who are collected later than 4:40pm without notifying staff will incur a fee of \$5, increasing at \$1per minute after that.

**Payment of fees:** may be made in a sealed envelope (labelled with the child's name) and deposited in the "Fees Box" located on top of the lockers in the foyer.

Or payment of fees may, as an alternative, be paid by directly depositing into the Preschool's working account at Beyond Bank.

**BSB: 325 185**

**Bank Account: 38700331 GAN**

**Account Type (for Beyond Bank Customers): S11**

## **GANMAIN PIED PIPER PRESCHOOL INC**

### **INTERACTIONS WITH CHILDREN POLICY**

#### **Policy Statement**

Educators at our service will:

- be responsive to children's strengths, interests, abilities;
- provide opportunities to become self-reliant and develop self-esteem;
- uphold children's dignity, rights, and agency;
- provide positive guidance and support towards acceptable behaviour;
- promote a safe, secure and nurturing environment;
- be authentic and responsive;

◁ be based in fairness, acceptance and empathy with respect for cultural and linguistic rights.

#### **Goals / What are we going to do?**

A positive atmosphere and the wellbeing of children within an education and care setting is promoted through attentive care and quality interactions with children. Emotional development and social relationships are enhanced through thoughtful and sophisticated approaches to conversation, discussion and promotion of children's language and communication. Children who experience relationships that are built on respect, fairness, cooperation and empathy are given the opportunity to develop these qualities themselves. When children have positive experiences of interactions, they develop an understanding of themselves as significant and respected, and feel a sense of belonging.

#### **Strategies / How will it be done?**

Children's Rights, Family and Cultural Values:

- Interactions within the setting are greatly enhanced when children's rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for authentic and respectful communication.

- Listening:
- Educators and staff must use listening as a foundation for interactions. Listening is based on observation and in leaving spaces in conversations and communication, suspending judgement and in giving full attention to children as they communicate. Truly attending to children's communication promotes a strong culture of listening.
- Children and Families:
- A culture of respectful interaction is promoted when children's attempts to communicate are valued. Turn taking and regulating children's conversations promotes active engagement. Respectful communication with families generates greater confidence in interacting.
- Reflection and Consideration:
- Time is dedicated to reflecting upon interactions within children. Reflections should consider how to spend extended periods engaged in interactions with children that do not comprise communication and listening.
- Role Modelling:
- Educators model positive interactions when they:
- Show care, empathy and respect for children, educators and staff and families;
- Learn and use effective communication strategies.

#### Principles for Behavioural Management:

Staff respect individual children's needs and differences in age, ability and experience regarding issues surrounding behaviour management and they are happy to discuss individual family expectations with parents. There may be times when staff will need to negotiate management strategies with parents to suit the needs of individual children.

- Wherever possible, children and staff will negotiate and determine boundaries and rules.
- Rules will be reasonable considering the age, development and individual characteristics of the children.
- Rules will be consistently enforced.
- Children will be encouraged for desirable behaviour.
- It is the behaviour that is praised or addressed, not the child.
- Staff present a good example through positive role modelling.
- Children are encouraged to make appropriate choices.

#### **The Role of the Staff:**

In response to challenging behaviour, staff:

- Recognise certain reactions as understandable behaviour, a reflection of communication and social development.
- Redirect the child or remove the child from the situation if necessary.
- Advise children of the consequences of continuing with the behaviour.
- Remind children of appropriate behaviour.
- Explain to children how behaviour results in consequences.
- Actively listen to children's feelings and discuss the rules.
- Help children to return to play.

**Roles and Responsibilities:**

Role	Authority/Responsibility For
Approved Provider	<ul style="list-style-type: none"> <li>◁ Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011 with regard to the delivery and collection of children at all times.</li> <li>◁ Ensure all staff have access to relevant professional development</li> <li>◁ Ensure the educational program contributes to the development of children who have a strong sense of wellbeing and identity, and are connected, confident, involved and effective learners and communicators.</li> <li>◁ Ensure that the Nominated Supervisor and all staff members at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166) (Regulation 73).</li> <li>◁ Inform the Regulatory Authority in writing, within 24 hours of receiving a notifiable complaint (Section 174(4), Regulation 176(2)(b)).</li> <li>◁ Inform the Regulatory Authority in writing within 24 hours of a serious incident occurring at the service (Section 174(4), Regulation 176).</li> </ul>
Nominated Supervisor	<ul style="list-style-type: none"> <li>◁ Guide professional development and practice to promote interactions with children that are positive and respectful.</li> <li>◁ Establish practice guidelines that ensure interactions with children are given priority and those interactions are authentic, just and respect difference</li> <li>◁ Ensure all staff are aware of the service’s expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and reactions when working with children and families.</li> <li>◁ Consider the size and composition of groups to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service.</li> <li>◁ Develop and implement educational programs, in accordance with an approved learning framework, that are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child.</li> <li>◁ Ensure that staff provide education and care to children in a way that encourages children to express themselves and their opinions and allows children to undertake experiences that develop self-reliance and self-esteem.</li> <li>◁ Under section 166 of the Education and Care National Law, a staff member, nominated Supervisor and Approved Provider may receive a penalty for up to \$10,000 (up to \$50,000 in the case of Approved Provider) for subjecting a child to any form of corporal punishment or any discipline that is unreasonable in the circumstances.</li> </ul>
Early Childhood Educators	<ul style="list-style-type: none"> <li>◁ Act in accordance with the obligations outlined in this policy.</li> <li>◁ Acknowledge children’s complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion.</li> <li>◁ Respect children’s agency and encourage them to express themselves and their opinions.</li> <li>◁ Maintain the dignity and the rights of each child at all times</li> </ul>

	<ul style="list-style-type: none"> <li>◁ Have regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for.</li> <li>◁ Offer positive guidance and encouragement towards acceptable behaviour.</li> <li>◁ Ensure that routines are used for positive one to one interaction with children and a time that they can get to know more about the child.</li> <li>◁ Genuinely seek children’s input, respect their ideas and take their suggestions on board.</li> <li>◁ Form warm relationships with each child.</li> </ul>
Families	<ul style="list-style-type: none"> <li>◁ Reading and complying with this policy.</li> <li>◁ Engage in open communication with staff about their child.</li> <li>◁ Inform staff of events or incidents that may impact on their child’s behaviour at the service (e.g., moving house, a new sibling).</li> <li>◁ Inform staff of any concerns regarding their child’s behaviour or the impact of other children’s behaviour.                             <ul style="list-style-type: none"> <li>◁ Work collaboratively with staff and other to develop or review an individual behaviour guidance plan for their child, where appropriate.</li> </ul> </li> </ul>

**Monitoring, Evaluation and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family’s ability to utilise the service; the fees charged or the way in which fees are collected.

**RELATED GUIDELINES, STANDARDS, FRAMEWORKS**

- National Quality Standard, Quality Area 5: Relationships with children – Standards 5.1, 5.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1.2

**SOURCES/USEFUL RESOURCES**

- Australian Children’s Education and Care Quality Authority (ACECQA) – [www.acecqa.gov.au](http://www.acecqa.gov.au)
- United Nations Convention on the Rights of the Child – [www.unicef.org.au](http://www.unicef.org.au) ◁ The Supporting young children’s rights: Statement of intent (2015-2018) – [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)
- Australian Human Rights Commission – [www.humanrights.gov.au](http://www.humanrights.gov.au)

**Related Legislation**

- Education and Care National Law Act 2010: Sections 166, 167
- Education and Care National Regulations: 73, 74, 155, 156, 157, 168(2)(j)



- Children and Young Persons (Care and Protection) Act 1998
- Commission for Children and Young People Act 1998
- Disability Discrimination Act 1992 (Cth)

## Additional Requirements/Expectations of Parents.

1. The Preschool requires a copy of each child's **Immunisation History Statement** and **Birth Certificate and a \$50 Enrolment Deposit** prior to your child's attendance.
2. In order to keep fees to a minimum the preschool relies on families to assist with the general maintenance of the building and grounds. **Working Bees are organized approximately twice a year**, or families might nominate a task to be completed at a more convenient time to them. **A levy may be payable by those families who do not contribute – this is at the discretion of the committee.**
3. Opening a **Beyond Bank Sponsorship Account** is a great way to fundraise with very little effort required. This type of account earns interest for both yourself and the Preschool. For further information please see the friendly staff at any Beyond bank branch – This is not a requirement but is certainly desirable.

## Parents and Community Collaborations Policy

### **Aims**

In conjunction with the centre's stated philosophy, and past early childhood tradition, the Ganmain Pied Piper Preschool's aims regarding parent and community collaborations are:

1. To view parental involvement in all preschool activities including the educational program, as an interactive, integrated process that will:

- Benefit the children in terms of their ability to maximise the effectiveness of the program (as supported by research in the early childhood field as well as at other levels of education)
- Provide continuity as children make the transition from home to preschool and from the preschool to primary school
- Contextualise learning meaningfully for all children through acknowledgement of each child's family and cultural background
- Expect and respect diversity in all its many forms

2. Local community involvement is highly supported and valued by this preschool which is situated in a small, rural community. A centre-to-community web of relationships will be encouraged both indirectly through normal parental involvement in the centre, and by more direct links among the preschool and various community groups, individuals, facilities and events such as the town's agricultural show, fairs, festivals and other events.

(Note: acknowledgement of parents as partners can be found in all the centre's policies.)

## Legislative Requirements

Education and Care Services National Regulation 2011

Disability Discrimination Act 1992

Equal Opportunity & Discrimination Act 1986

Racial Discrimination Act 1975

Sex Discrimination Act 1984

## Who is affected by this policy?

Children  
Staff  
Families  
Management

## Relevant Early Childhood Professional Standards

Early Childhood Code of Ethics:

I-3 to I-5, I-7, II-1 to II-10, IV-1 to IV-6,  
IV-1

Early Years Learning Framework:	Outcomes: 2.1, Principles:1-4
Education & Care Services Australian National Regulations:	157
National Quality Framework:	Quality areas: 1.2.1, 6.1-6.4.3, 7.6-7.6.3

## Sources/References

Athey, C. (2007). *Extending thought in children: A parent teacher relationship*. (2<sup>nd</sup> Ed.), London UK: Paul Chapman

Early Childhood Australia: *The parent partnership*: [http: www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au) (Retrieved January 2012)

Harris, K. & Graham, S. (2010). (Eds.), *Working with families of young children with special needs*. New York NY: Guilford Press

Keyser, J. (2008). *From parents to partners: Building a family cantered early childhood program*. St Paul MI: Redleaf Press

MacNaughton, G. (2004). Children, staff & parents: Building respectful relationships in New Zealand & Australian early childhood contexts – the Australian context. *Australian Journal of Early Childhood*, 29 (1) pp1-7

## Procedures

1. The Nominated Supervisor will establish an open-door approach with parents to encourage parental input. This will first be discussed at the initial enrolment interview (see the centre's 'Enrolment & Fees Policy' Procedure 1.4, and the 'Initial Enrolment Interview Checklist') and will re-occur on a continuing basis in a variety of ways.

2. It will be understood by all staff and the Committee of Management that:

- Not all parents may choose to become directly involved in the centre's day to day functioning
- Parents who are employed, may not be able to participate in all, many or any centre functions, opportunities to volunteer help etc
- Those parents who do choose to become involved will be free to choose the manner/s in which they support the centre.

3. The Nominated Supervisor will continually inform parents of their child's progress throughout the year. This will take various forms e.g., in casual drop off/pick up chats (provided the child is unable to hear), phone conversations, private meetings with parents that may or may not be related to times when the child is being planned for on an individual basis, or in relation to things that children may be making/experiencing/showing interest in at the preschool, e.g., drawings, construction play, etc. (For specific details on this see the centre's 'Education Program & Practice Policy' Procedures 1, 2 & 14)

4. All staff will respect and actively support the role that parents/guardians play in their child's upbringing and development. The Nominated Supervisor will provide parents with related information in a variety of ways throughout the year. This will include community links, information about local events and family support services, poster information etc

5. The centre's program will encompass aspects of the rural life of the local community in the following ways:

- Opportunities for learning occur during grain or fruit harvests, shearing and lambing. This may take the form of excursions, or inviting people into the centre to talk with the children. Where possible these visitors will be parents of children at the centre
- Local key events e.g., the annual agricultural show, will naturally involve children and families, and the potential of this event for increasing children's learning about their community will be supported and acknowledged in the centre's program
- Fund raising opportunities for the preschool will involve the local community.

6. Parents and other family members are invited to share aspects of their culture and family life with the staff and children: such as creative abilities, cooking, music, dance, introducing their language (if different), bathing a new baby etc.

7. Parental involvement is invited regarding the centre's administration and management in the following ways:

- Membership of the Committee of Management
- Review process of the centre's policies. The 3-yearly external review of policies is open to feedback from parents at Committee of Management meetings which are opened to all parents
- Feedback from parents is continuously invited in relation to the educational program, excursions, and other aspects of daily life at the centre. This expectation for ongoing parental involvement is first established at the initial enrolment interview (see Procedure 1 above)

- A subcommittee consisting of parents and the Nominated Supervisor advertises for and interviews new staff (see Staffing Policy, Procedures 1.2, 1.4, 1.7, 1.9)

8. Links with community bodies will be encouraged e.g., using a local gardening club to get advice about the playground plants etc. (Further examples are in the centre's 'Environmental Awareness & Sustainability Policy,' Procedures 10-14). When local community links like this are made, the information will always be shared with parents

**The Nominated Supervisor will ensure that this policy is maintained and implemented at all times**

## **Absences from Preschool**

If your child is to be absent from Preschool, either for just 1 day or for a longer period, it would be appreciated if the Preschool could be notified, either in person, by phone or note. Your child's enrolment may be cancelled if they are absent for 2 weeks without notice.

## **Keeping in Touch**

Two-way communications between families and staff at the Preschool **is very important**. Please feel free to approach Jamie, Ronda or Kylee at any time with concerns you may have or news and information about your child/family that you may like to share. As often as is possible Jamie, Ronda or Kylee will want to tell you 'Bits and pieces' about your child's day at preschool.

Also, it is a good idea to ask your child about their day at some later, quiet time. Ask them about what they did, what the story was about, who they played with etc.

Children enjoy relating these events to you and they know you are interested in their day. Appointments, out of preschool hours, may be made with Jamie if required.

Observations and evaluations are kept on each child for the period of time they remain at the preschool. These records assist staff in planning an appropriate programme that meets the needs of each child. Parents/guardians are welcome to view their child's folder and are encouraged to have input into these educational programmes.

Newsletters are periodically sent home, either by email or paper copy. It is the responsibility of the family to regularly check their child's bag; it's amazing how quickly things can go missing.

The Preschool also has a Facebook site. Often news items and reminders are also shared via this site.

Usually when you phone the Preschool the answering machine will take your call, **please leave a message** and we will attend to it as soon as is possible.

## Medication Administration

### Introduction

In supporting the health and wellbeing of children the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

### Goals / What are we going to do?

Families requesting the administration of medication will be required to follow the guidelines developed by the education and care service to ensure the safety of children and educators. The education and care service will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

### Strategies / How will it be done?

The Nominated Supervisor will:

◁ Ensure that a medication record is developed for each child requiring medication at the education and care service.

- The medication record must detail the name of the child, authorisation to administer medication signed by a parent or person named in the child's enrolment record as authorised.
- the name of the medication to be administered,
- the time and date the medication was last administered, the time and date or the circumstances under which the medication should next be administered
- the dosage of the medication to be administered,
- the manner in which the medication is to be administered.

<Once the medication is administered:

- details of the administration, including signatures from the administrator and the witness, need to be completed.

< Ensure that medication is not administered to a child being educated and cared for by the service unless it is: prescribed by a registered practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the expiry or use-by-date, or

<from its original container, with the original label and instructions and before the expiry or use-by-date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

<Ensure that written and verbal notification are given to a parent or other authorised person of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.

<<Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency, that the parent of the child and emergency services are notified as soon as practicable.

<Take reasonable steps to ensure that medication records are maintained accurately.

<Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time.

<<Request written consent from families on the enrolment form to administer *emergency asthma medication* if required. Families will be reminded that every attempt to contact them for verbal permission will be made by the education and care service prior to administering asthma medications. Refer to Medical Conditions Policy for further details.

<Inform families of the education and care service's medical and medication policies and the need to ensure that safe practices are adhered to for the wellbeing of both the child and educators.

Educators will (with support from the Nominated Supervisor):

<NOT administer any medication without the authorisation of a parent or person with authority – except in the case of an emergency, when the verbal consent from an

authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.

<Ensure that medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept inaccessible to children.

<Ensure that two educators administer medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible to check the Medication Form, the prescription label and the amount of medication being administered. Both educators must sign, date and note the time on the Medication Form. Medications will be returned to the locked medication container after use.

<Follow hand washing procedures before and after administering medication.

<Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.

#### Families will:

<Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short- and long-term medication use.

<Complete a medication record form and a first aid/risk management plan as applicable for children requiring medication while they are at the education and care service. Documents for long term medication use will be developed with the family and the medical practitioner completing and signing the plan. Plans must be updated as the child's medication needs change.

<Be requested to sign consent for educators to administer first aid, including lotions and creams as deemed necessary.

<Be required to keep prescribed medications in original containers with pharmacy labels. Medications will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.

<Keep children away from the care and education setting while any symptoms of an illness remain and for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.

<NOT leave any medication in children's bags.

<Give any medication for their children to an educator who will provide the family with a Medication Form. The family will complete the Medication Form. No medications will be administered without written consent from the parent or authorised person.

<Provide any herbal/naturopathic remedies or non-prescribed medications (including paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication. (See guidelines regarding paracetamol below.)



## Guidelines for administration of paracetamol

Families must provide their own paracetamol for use as directed by a medical practitioner. Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable.

To safeguard against the over use of paracetamol, and minimise the risk of masking the underlying reasons for high temperatures, educators will only administer paracetamol if it is accompanied by a doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.

If a child presents with a fever at the education and care service, the family will be notified immediately and asked to organise collection of the child as soon as possible.

The family will be encouraged to visit a doctor to find the cause of the temperature.

While waiting for the child to be collected, educators will implement the following procedures to reduce the child's fever and discomfort:

Remove excess clothing to cool the child down

Offer fluids to the child

Encourage the child to rest

Provide a cool, damp cloth for the child's forehead

Monitor the child for any additional symptoms

Maintain supervision of the unwell child at all times, while keeping them separated from children who are well.

### Medications kept at the education and care service

Any medication, cream or lotion kept on the education and care premises will have its expiry date recorded on the First Aid Checklist.

A list of first aid kit contents close to expiry or running low, will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.

If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.

NO MEDICATION WILL BE ADMINISTERED IF IT IS PAST THE PRODUCT EXPIRY DATE.

## Evaluation

The administration of medications is practiced in accordance with regulatory guidelines. Open communication between educators and families is a priority for ensuring children receiving medications remain safe and gain appropriate care to meet their health needs.

## Monitor and Review

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

## LINKS TO OTHER POLICIES

Dealing with Medical Conditions

Privacy and Confidentiality

Enrolment and Orientation

## LINKS TO:

Education and Care Services National Regulations: 90, 92-96, 160, 177, 181-184

National Quality Standards/ Elements: 2.1, 2.1.1, 7.1.2

## STATUTORY LEGISLATION & CONSIDERATIONS

The NSW Work Health and Safety Act 2011 and the NSW Work Health and Safety Regulation 2011

Children (Education and Care Services National Law Application) Act 2010

Education and Care Services National Regulations

Guide to the National Quality Framework 2018

## SOURCES

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

Staying Healthy in Child Care: Preventing Infectious Diseases in Child Care, 5th Edition, 2013

NSW Department of Health – [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

National Health and Medical Research Council – [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

Community Early Learning Australia

Established: 2020

Review Due: 2023

## **DEALING WITH MEDICAL CONDITIONS**

### **Policy Statement**

This policy acts to ensure that:

- Children are supported to feel physically and emotionally well, and feel safe in the knowledge that their wellbeing and individual health care needs will be met when they are not well.
- Families can expect that Educators will act in the best interests of the children in their care at all times; meet the children's individual health care needs; maintain continuity of medication for their children when the need arise.
- Educators feel competent to perform their duties; understand their liabilities and duty of care requirements; are provided with sufficient information and training regarding the administration of medication and other appropriate treatments.
- Risk Minimisation Plans are developed, in collaboration with families, for children with diagnosed medical conditions.
- All staff, including casual staff, educators and volunteers, are informed of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- All children with diagnosed medical conditions have a current Risk Minimisation Plan that is accessible to all staff;
- All staff are adequately trained in the administration of emergency medication.

### **Goals / What are we going to do?**

Clear procedures are required to support the health, wellbeing and inclusion of all children enrolled at the service.

Our service practices support the enrolment of children and families with specific health care requirements. Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases, if not managed appropriately, these can be life threatening.

### **Strategies / How will it be done?**

Enrolment

- On application for enrolment families will be required to complete full details about their child's medical needs. We will assess whether Educators are appropriately trained to manage the child's special health needs at that time.
- Where children require medication or have special medical needs for long term conditions or complaints, the child's doctor or allied health professional and parent/guardian must complete a Medical Management Plan. Such a plan will detail the child's special health support needs including administration of medication and other actions required to manage the child's condition.

- The Nominated Supervisor will also consult with the child's family to develop a Risk Minimisation and Communication Plan. This plan will assess the risks relating to the child's specific health care needs, allergy or medical condition; any requirements for safe handling, preparation and consumption of food; notification procedures that inform other families about allergens that pose a risk; procedures for ensuring educators/students/ volunteers can identify the child, their medication. This will also detail how families will inform educators about specific requirements for child(ren) in regards to medical conditions, and how educators will communicate to families; any intervention undertaken in relation to their child's medical condition.
- Children with specific medical needs must be reassessed in regard to the child's needs and our service's continuing ability to manage the child's special needs, on a regular basis, depending on the specific child's medical condition.
- If a child's medical, physical, emotional or cognitive state changes the family will need to complete a new Medical Management Plan and our service will re-assess its ability to care for the child, including whether educators are appropriately trained to manage the child's ongoing special needs.

### **Administration of Prescribed Medication**

Prescribed medication, authorised medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the prescribed medication is in its original container bearing the child's name, dose and frequency of administration.

### **Medical Management Plans**

Medical Management Plans are required if a child enrolled at our service has a specific health care need, allergy or relevant medical condition. This involves:

- Requiring a parent of the child to provide a medical management plan for the child. The medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child's specific health care needs
- Requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

### **Risk Minimisation and Communication Plans**

Risk Minimisation and Communication Plans are required to be developed in consultation with the parents of a child:

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised.
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented.
- if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- to ensure that practices and procedures are developed and implemented, ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- if relevant, to ensure that practices and procedures are developed and implemented ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition.

### Communication Strategies

Our service will maintain the review and development of communication strategies to ensure that:

- < Relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and Risk Minimisation Plan for the child.
- < A child's parent can communicate any changes to the medical management plan and Risk Minimisation Plan for the child, setting out how that communication can occur.
- < Families and educators communicate regarding the child's/children's changing requirements and any interventions undertaken by the educators.

### Asthma

Whenever a child with asthma is enrolled at our service, or newly diagnosed as having an asthma, communication strategies will be developed to inform all relevant Educators, including students and volunteers, of:

- the child's name, (in the child's Risk Minimisation Plan)
- where the child's Medical Management Plan will be located
- where the child's preventer/reliever medication etc. will be stored
- which Educators will be responsible for administering treatment.
- Asthma reliever medications will be stored out of reach of children, in an easily accessible central location.
- Reliever medications together with a spacer will be included in our service's First Aid kit in case of an emergency situation where a child does not have their own reliever medication with them.
- Asthma Australia provides training in Emergency Asthma Management (EAM) which instructs on all aspects of asthma management and administration of asthma reliever medications. All educators will attend or have attended, an Asthma EAM course. It is a requirement that at least one Educator or other person that is trained in EAM is at the service at all times children are present.
- Asthma Australia produces recommended guidelines on asthma management within the child care setting, including an Asthma First Aid Plan and Asthma Record Card.

## Asthma Emergencies

In the case of an asthma emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/guardian of the child or the child's registered medical practitioner will be contacted as soon as possible.

The National Asthma Council (NAC), recommends that should a child not known to have asthma appear to be in severe respiratory distress, the Asthma First Aid plan should be followed immediately. The following steps are recommended:

- If someone collapses and appears to have difficulty breathing, call an ambulance immediately, whether or not the person is known to have asthma:
  - Give 4 puffs of a reliever medication and repeat if no improvement;
  - Keep giving 4 puffs every 4 minutes until the ambulance arrives;
  - No harm is likely to result from giving reliever medication to someone who does not have asthma;
  - In the event of anaphylactic emergency and breathing difficulties, an EpiPen must be administered first, then Ventolin.

\*See Asthma Policy for more information.

## Anaphylaxis

Whenever a child with severe allergies is enrolled at our service, or is newly diagnosed as having a severe allergy, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

- the child's name
- the child's Risk Minimisation Plan;
- where the child's Medical Management Plan will be located;
- where the child's adrenaline auto-injector is located; and
- In accordance with the Education and Care Services National Regulations, our service will advise families that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the education and care service. Notices will be posted in the foyer, and on the wall of the room that the child is based in. The notice will advise which foods are allergens and therefore not to be brought to the service.
- It is required that the child at risk of anaphylaxis will have a Medical Management Plan. (Refer to: The Australian Society for Clinical Immunology and Allergy (ASCIA) for a plan template [www.allergy.org.au](http://www.allergy.org.au)). Educators will become familiar with the child's plan and also develop an Individual Anaphylaxis Risk Minimisation Plan for the child in consultation with the child's parents/guardians and appropriate health professionals.
- A communication strategy will be developed with parents/guardians to ensure any changes to a child's health care needs are discussed and the health care plan updated as required.
- See Anaphylaxis Policy for information on how the risk of anaphylaxis will be minimised at the centre, and how the centre will respond to children at risk, including first aid and the administration of an adrenaline auto-injector.

## Anaphylaxis Emergencies

- In the case of an anaphylaxis emergency, medication may be administered to a child without written parent/guardian authorisation. If medication is administered the parent/ guardian of the child or the child’s registered medical practitioner will be contacted as soon as possible.

For anaphylaxis emergencies educators will follow the child’s Emergency Action Plan. If a child does not have an adrenaline auto-injector and appears to be having a reaction, the educator will only administer adrenaline if the service has an additional adrenaline auto-injector for general use. Educators/staff administering the adrenaline will follow the instructions stored with the device. An ambulance will always be called. The used autoinjector will be given to ambulance officers on their arrival. Another child’s adrenaline autoinjector will NOT be used.

## Diabetes

Whenever a child with diabetes is enrolled at our service, or is newly diagnosed as having diabetes, a communications plan will be developed to inform all relevant educators, including students and volunteers, of:

- the child’s name
- the child’s Risk Minimisation Plan;
- where the child’s Emergency Action Plan will be located;
- where the child’s insulin/snack box etc. will be stored;
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive as well as the signs and symptoms of high blood sugar including thirst, need to urinate, hot dry skin, smell of acetone on breath.
- Management of diabetes in children at our service will be supported by the child having in place an Emergency Action Plan which includes:
- Administration of Insulin, if needed – information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
  - Oral medicine – children may be prescribed with oral medication.
  - Meals and snacks – Including permission to eat a snack anytime the child needs it.
  - Blood sugar testing – information on how often and when a child’s blood sugar may need to be tested by educators.
  - Symptoms of low or high blood sugar – one child’s symptoms of low or high blood sugar may be different from another. The child’s Action Plan should detail the child’s symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/ or hypoglycaemia, educators will follow the child’s Emergency Action Plan.
- See service Policy for Managing Diabetes for further information.

## Roles and Responsibilities

<u>Role</u>	<u>Authority/Responsibility For</u>



<p><b>Approved Provider</b></p>	<ul style="list-style-type: none"> <li>◁ Ensure the development of a communication plan and encouraging ongoing communication between parents/guardians and educators/staff regarding the current status of the child’s specific health care need, allergy or other relevant medical condition, this policy and its implementation.</li> <li>◁ Ensure relevant educators receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.</li> <li>◁ Ensure at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service.</li> <li>◁ Ensure that a Risk Minimisation Plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually.</li> <li>◁ Ensure that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.</li> </ul>
<p><b>Nominated Supervisor/ Responsible Person</b></p>	<ul style="list-style-type: none"> <li>◁ Implement this policy at the service and ensuring that all staff adhere to the policy.</li> <li>◁ Inform the Approved Provider of any issues that impact on the implementation of this policy.</li> <li>◁ Identifying specific training needs of staff who work with children diagnosed with a medical condition, and ensuring, that staff access appropriate training.</li> <li>◁ Ensure children do not swap or share food, food utensils or food containers.</li> <li>◁ Ensure casual staff/educators are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service’s procedures for dealing with emergencies involving allergies and anaphylaxis.</li> <li>◁ Ensure a copy of the child’s medical management plan is visible and known to staff in the service.</li> <li>◁ Ensure staff/educators follow</li> </ul>

	<p>each child’s Risk Minimisation Plan and medical management plan. ◁ Ensure opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Risk Minimisation Plan.</p> <p>◁ Provide information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service.</p> <p>◁ Maintain ongoing communication between staff/educators and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service.</p>
<p><b>Early Childhood Educators</b></p>	<p>◁ Communicate any relevant information provided by parents/guardians regarding their child’s medical condition to the Nominated Supervisor to ensure all information held by the service is current.</p> <p>◁ Being aware of individual requirements of children with specific medical conditions and following their Risk Minimisation Plan and medical management plan.</p> <p>◁ Monitor signs and symptoms of specific medical conditions and communicate any concerns to the Nominated Supervisor.</p> <p>◁ Ensure that parents/guardians are contacted when concerns arise regarding a child’s health and wellbeing.</p>
<p><b>Families</b></p>	<p>◁ Inform the service of their child’s medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition.</p> <p>◁ Develop a Risk Minimisation Plan with the Nominated Supervisor and/or other relevant staff members at the service.</p> <p>◁ Provide a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by staff in the event of an incident relating to the child’s specific health care needs.</p>

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## **Monitoring, Evaluation and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

### RELATED GUIDELINES, STANDARDS, FRAMEWORKS

- National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1, 2.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1, Elements 7.1.2, 7.1.3

### RESOURCES/USEFUL LINKS

- National Asthma Council – [www.nationalasthma.org.au](http://www.nationalasthma.org.au)
- Asthma Australia – [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)
- Australasian Society of Clinical Immunology and Allergy – [www.allergy.org.au](http://www.allergy.org.au)
- Diabetes Australia – [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au) SOURCES
- Guide to the National Law and National Regulation ACECQA
- Community Early Learning Australia

### Related Legislation

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001

# **GANMAIN Pied Piper Preschool Inc**

## **Acceptance and Refusal of Authorisation Policy**

### **Policy Statement**

Authorisation must be obtained from parent/guardians or authorised nominees in the following circumstances:

- administering medication to children (regulation 92)
- children leaving the premises in the care of someone other than their parent (regulation 99) other than the case of emergency
- children being taken on excursions (regulation 102)

### **Goals / What are we going to do?**

Our service has a responsibility to protect the health, safety and wellbeing of each child at all times. Educators require authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not, and may therefore result in a refusal.

### **Strategies / How will it be done?**

Refusing an Authorisation - On receipt of an authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy, the Approved Provider or delegated authority will:

- Immediately explain to the parent/guardian that their authorisation does not meet legislative and policy guidelines.
- Provide the parent/guardian with a copy of the relevant service policy and ensure that they understand the reasons for the refusal of the authorisation.
- Request that an appropriate alternative authorisation is provided by the parent/guardian.
- In instances where the parent/guardian cannot be immediately contacted to provide an alternative authorisation, follow related policy procedures pertaining to the authorisation type.
- Follow up with the parent/guardian, where required, to ensure that an appropriate authorisation is obtained.

**Roles and Responsibilities**

<u>ROLE</u>	<u>AUTHORITY/RESPONSIBILITY FOR:</u>
Approved Provider	Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011.
Nominated Supervisor	<ul style="list-style-type: none"> <li>◁ Provide supervision, guidance and advice to ensure adherence to the policy at all times.</li> <li>◁ Ensure all authorisations will be retained within the Enrolment Record, original copy and will include: » the name of the child enrolled in the service » the date » the signature of the child’s parent/guardian or nominated contact person who is on the enrolment form » the original form/letter/register provided by the service.</li> <li>◁ Apply these authorisations to the collection of children, administration of medication, excursion, access to records and transportation via ambulance.</li> <li>◁ Ensure authorisations are stored with each individual child’s enrolment record.</li> <li>◁ Ensure that all parents/guardians have completed the authorised nominee section of their child’s enrolment form and that the form is signed and dated before the child is enrolled at the service.</li> </ul>
Early Childhood Educators	<ul style="list-style-type: none"> <li>◁ Apply these authorisations to the collection of children, administration of medication, excursion and access to records.</li> <li>◁ Exercise the right of refusal if written or verbal authorisations do not comply</li> <li>◁ Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided it is noted on medical plans and that parents/guardians are contacted as soon as practicable after the medication has been administered.</li> </ul>
Families	<ul style="list-style-type: none"> <li>◁ Ensure that you complete and sign the authorised nominee section of your child’s enrolment form before your child attends the service.</li> <li>◁ Keep child enrolment details forms current stating who the authorised nominees are.</li> <li>◁ Inform service of current contact numbers to ensure you are contactable at all times.</li> <li>◁ Communicate to Responsible Person and staff any individual requests regarding authorisations.</li> <li>◁ Update Educators in relation to any medical conditions, medical plans or ongoing medication requirements. This includes the names of medications, dosage, signs, and symptoms and contact information for any relevant health professionals.</li> <li>◁ Ensure that where children require medication to be administered by educators or other staff, you authorise this in writing, sign and date it for inclusion in your child’s medical record.</li> </ul>

**Monitoring, Evaluation and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every 3 years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

Related Legislation:

- < Education and Care Services National Law Act 2010: Section 167
- < Education and Care Services National Regulations 2011: Regulations 99, 102, 160, 161, 168(2)(m)
- < Family Law Act 1975 (Cth), as amended 2011
- < Children and Young Persons (Care and Protection) Act 1998
  
- RELATED GUIDELINES, STANDARDS, FRAMEWORKS:
- < National Quality Standard, Quality Area 2: Children's Health and Safety
- SOURCES:
- < Australian Children's Education and Care Quality Authority (ACECQA) – [www.acecqa.gov.au](http://www.acecqa.gov.au)
- < Community Early Learning Australia

**Other Policies**

The Preschool has many more policies, available to you at any time. Paper copies are available at the Preschool or a copy may be emailed to you upon request. Please speak to the Responsible Person on the day for a list of policies.